

The SOUD Law Firm
New Client Information/Case Information
(Slip & Fall or Premises Liability Intake Form 2019)

DATE OF INITIAL CONFERENCE: _____ INTAKE LOCATION: _____ BY: _____

OFFICE FILE NUMBER: _____ COURT/COUNTY: _____ REFERRED BY: _____

ALL INFORMATION IS CONFIDENTIAL INCLUDING PHONE NUMBERS & E-MAILS AND WILL REMAIN IN THIS OFFICE

WHO WAS HURT: LAST _____ FIRST _____ M: _____

[IF THE PERSON WAS A MINOR, WHO IS THE PARENT / GUARDIAN: _____]

CELL: _____ HOME PH: _____ E-MAIL: _____

HOME ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

DOB: _____ SS#: _____ NICKNAME: _____

EMPLOYMENT: WHERE DO YOU WORK? _____ SUPERVISOR: _____

WORK ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

WORK PH: _____ WORK E-MAIL: _____

MARITAL STATUS: MARRIED / SINGLE / DIVORCED / WIDOW(ER) / DOMESTIC PARTNER

SPOUSE'S / PARTNER'S NAME: _____ / CELL: _____

EMPLOYER FOR SPOUSE: _____ SPOUSE WORK PH: _____

SPOUSE'S / PARTNER'S E-MAIL: _____

CHILDREN: HOW MANY CHILDREN DO YOU HAVE? _____. HOW MANY KIDS UNDER THE AGE OF 18? _____.

WHAT ARE THE NAMES OF THE CHILDREN WHO LIVE WITH YOU AT HOME, REGARDLESS OF AGE?

_____/_____/_____

EMERGENCY CONTACT: (SOMEONE NOT LIVING WITH YOU): _____

WHO ARE THEY: (RELATIONSHIP): _____ / CELL: _____

HOME PH: _____ / WORK PH: _____ / EMAIL: _____

WHERE DO THEY LIVE (CITY / STATE): _____

ACCIDENT DETAILS: DATE & TIME: _____ (STATUTE OF LIMITATIONS: _____)

PURPOSE OF YOUR TRIP OR EVENT LEADING UP TO THE ACCIDENT: _____

ACCIDENT REPORT? Y N IF YES, BY WHO? _____

DESCRIPTION OF INCIDENT: _____

INJURIES: TREATING HEALTHCARE PROVIDER # 1: _____

TELEPHONE: _____ / LOCATION: _____

INJURY TREATED _____

GENERAL DIAGNOSIS: _____

PRESCRIPTIONS GIVEN: _____

TREATING HEALTHCARE PROVIDER # 2: _____

TELEPHONE: _____ / LOCATION: _____

INJURY TREATED _____

GENERAL DIAGNOSIS: _____

PRESCRIPTIONS GIVEN: _____

AT-FAULT PARTIES: NAME: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

EVIDENCE: ANY PHOTOGRAPHS WERE TAKEN? Y N IF YES, BY WHO? _____.

[IF THERE ARE PICTURES OR VIDEO ON A MOBILE DEVICE WE MAY ASK TO DOWNLOAD THEM WHILE YOU ARE HERE]

WERE THERE ANY WITNESSES TO THE INCIDENT THAT CAUSED INJURY? Y N

WITNESSES NAME CONTACT PH. NO. EMPLOYER'S NAME CONTACT PH. NO.

1. _____

2. _____

3. _____

4. _____

MISCELLANEOUS MATTERS:

WHO IS YOUR HEALTH INSURANCE COMPANY: _____

DATES AND TYPES OF PRIOR "ACCIDENTS"

DATE (MO/YR) TYPE WHO IS AT FAULT INJURY (YES/NO) COUNTY/STATE

DATES AND TYPES OF PRIOR "MEDICAL HISTORY"

DATE (MO/YR) TYPE AREAS INJURED DR.'S TREATING LAWYER SETTLED (Y/N)

ANY MILITARY SERVICE? IF SO, BRANCH: _____ RANK: _____ DATES OF SERVICE: _____

WHAT IS THE LEVEL OF YOUR FORMAL EDUCATION? [HS, TRADE SCHOOL, CC, BS, BA, ETC.] _____

ANY PAST LEGAL HISTORY: ARRESTED FOR A CRIME? Y N / CONVICTED OF A CRIME? Y N

PAST WORK HISTORY – PLEASE LIST YOUR PAST 4 EMPLOYERS **OR** YOUR EMPLOYMENT FOR PAST 10 YEARS, WHICHEVER OCCURS FIRST:

EMPLOYER'S NAME FROM/TO EMPLOYER'S NAME FROM/TO

1. _____

2. _____

3. _____

4. _____

SPECIFIC ISSUES REGARDING THE PREMISES: CHECK ALL THAT APPLY

TYPE OF WALKWAY:

FLOOR <input type="checkbox"/>	STAIRWAY <input type="checkbox"/>	RAMP <input type="checkbox"/>	SIDEWALK <input type="checkbox"/>
STREET <input type="checkbox"/>	LANDING <input type="checkbox"/>	PORCH <input type="checkbox"/>	BALCONY <input type="checkbox"/>
STEPPING STONES <input type="checkbox"/>	GARDEN PATH <input type="checkbox"/>	PARKING LOT <input type="checkbox"/>	OTHER _____

WALKWAY SURFACE:

WOOD <input type="checkbox"/>	VINYL TILE <input type="checkbox"/>	CERAMIC TILE <input type="checkbox"/>	MARBLE <input type="checkbox"/>
QUARRY TILE <input type="checkbox"/>	BRICK <input type="checkbox"/>	DIRT <input type="checkbox"/>	CONCRETE <input type="checkbox"/>
TERRAZZO <input type="checkbox"/>	ASPHALT <input type="checkbox"/>	GRAVEL <input type="checkbox"/>	GRASS <input type="checkbox"/>
OTHER <input type="checkbox"/>			

CONDITION OF WALKWAY:

DRY <input type="checkbox"/>	WET (WATER) <input type="checkbox"/>	OIL <input type="checkbox"/>	GREASE <input type="checkbox"/>
OTHER LIQUIDS (SPECIFY) _____			

FLOOR COATING MATERIAL:

WAXED <input type="checkbox"/>	UN-WAXED <input type="checkbox"/>	PAINTED <input type="checkbox"/>	SEALED <input type="checkbox"/>
RUBBER MATS <input type="checkbox"/>	CARPET <input type="checkbox"/>	POLISHED <input type="checkbox"/>	THROW RUGS <input type="checkbox"/>
OTHER (SPECIFY) _____			

LIGHTING CONDITIONS:

NATURAL <input type="checkbox"/>	ARTIFICIAL <input type="checkbox"/>	LIGHTS ON <input type="checkbox"/>	LIGHTS OFF <input type="checkbox"/>
GOOD <input type="checkbox"/>	FAIR <input type="checkbox"/>	DIM <input type="checkbox"/>	DARK <input type="checkbox"/>

DOES PLAINTIFF FEEL THAT THE AMOUNT OF LIGHT WAS A CAUSE OF THE FALL? _____

MECHANICS OF THE FALL:

WHAT IS YOUR HEIGHT AND WEIGHT: _____ FT. _____ INCHES / _____ LBS.

SPEED YOU WERE WALKING:

NORMAL RATE <input type="checkbox"/>	SLOWLY <input type="checkbox"/>	FAST <input type="checkbox"/>	RUNNING <input type="checkbox"/>
ASCENDING <input type="checkbox"/>	DESCENDING <input type="checkbox"/>	STAIRWAY <input type="checkbox"/>	RAMP <input type="checkbox"/>
DESCENDING <input type="checkbox"/>	STAIRWAY <input type="checkbox"/>	RAMP <input type="checkbox"/>	DRIVEWAY <input type="checkbox"/>
SLOPE <input type="checkbox"/>			

TYPE OF FALL:

SLIPPED

TRIPPED

TWISTED ANKLE

TWISTED KNEE

SLIP FORWARD

SLIP BACKWARD

SLIP SIDeways

BRACED WITH ARM

FELL BUTTOCKS

HIT HEAD

SIDeways

LOCATION AND TYPE OF INJURY _____

FOOTWEAR:

TYPE OF SHOES OR FOOTWARE:

SNEAKERS

SLIP-ONS

SANDALS

DRESS BOOTS

FLIP-FLOPS

CROCS

DRESS SHOES

UTILITY BOOTS

OTHER _____

STYLE OF HEEL:

FLATS / NO HEEL

LOW (1")

MEDIUM (2"+)

HIGH (3"+)

WEDGE

OTHER _____

SOLE MATERIAL:

LEATHER

WOOD

RUBBER

PLASTIC

OTHER _____

HEEL MATERIAL:

LEATHER

WOOD

RUBBER

PLASTIC

OTHER _____

STATE OF REPAIR:

NEW

GOOD

AVERAGE

WELL WORN

POOR

MISCELLANEOUS:

WHERE STRAPS BROKEN? _____ BEFORE THE FALL AFTER THE FALL

HAVE THE SHOES BEEN WORN SINCE THE ACCIDENT? Y N

ARE THESE SHOES AVAILABLE FOR TESTING? Y N

WHERE ARE THE SHOES LOCATED NOW? _____